## Document 27 RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUM	MBER	
Consular Rabbi K.A. Israel	07С	07C7084	
DEFENDANT	TYPE OF PROCES	s <b>/c</b>	
SERVE ( NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR			
Mike Delaney, Attorney at Law, Delaney Law Off			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
AT 14524 John Humphrey Drive, Orland Park, Illino	ois 60462		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	- Namber of process to be		
Dalld W.A. Tanaal	Number of parties to be		
'Rabbi K.A. Israel Paralegals for Economic Foundations			
P.O. Box 803241	served in this case		
Chicago, IL 60608	Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All			
Telephone Numbers, and Estimated Times Available For Service:			
\$1			
JAN 3 C 2008 YY JAN 3 0 2008			
MICHAEL W. DOBBINS			
CLERK, U.S. DISTRICT COURT			
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE	
☐ DEFENDANT		01-22-08	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO		OW THIS LINE	
I acknowledge receipt for the total number of process indicated.  Total Process District District Signature of Author to Serve	rized USMS Deputy or Clerk	TD Date	
(Sign only first USM 285 if more than one USM 285 is submitted)  4 of 7 No. 24 No. 24			
I hereby certify and return that I \( \subseteq \text{have personally served, } \subseteq \text{have legal evidence of service.} \( \subseteq \text{have executed as shown in "Remarks", the process described } \)			
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	c., named above (See remarks	below)	
Name and title of individual served (if not shown above)		of suitable age and dis-	
Christine Cloutier Legal Assista	cretion the usual plac	n residing in the defendant's e of abode.	
Address (complete only if different than shown above)	Date of Service	i	
	1-25-08	(   S   OU   @	
H. Jan	Signature of U	S Marshal or Deputy	
192.00	the		
Service Fee Total Mileage Charges (including endeavors)  Total Charges Advance Deposits  Total Charges Advance Deposits	Amount owed to U.S. Marshal of 218.19	r mount of Refund	
REMARKS: 2-DUSM			
2-Hours			
54-M1/es			